

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION**

In re:

City of Detroit, Michigan,

Debtor.

Bankruptcy Case No. 13-53846

Judge Thomas J. Tucker

Chapter 9

**COURTNEY D. PAYTON'S RESPONSE TO CITY OF DETROIT'S  
SUPPLEMENTAL BRIEF IN RESPONSE TO THE ARGUMENTS RAISED BY  
COURTNEY D. PAYTON AT THE JULY 19, 2017 HEARING**

Courtney D. Payton ("Mr. Payton") by his undersigned counsel, the Mike Morse Law Firm, files this Response to City of Detroit's Supplement Brief in Response to the Arguments Raised by Courtney D. Payton at the July 19, 2017 Hearing. In support of this Supplemental Response, Mr. Payton respectfully responds as follows:

**I. Introduction**

At a July 19, 2017 hearing regarding the City's Motion for (I) Determination that Courtney D. Payton Willfully Violated this Court's Order Granting Motion to Enforce Entered at Docket Number 10743, and (II) Awarding Compensatory and Punitive Sanctions, Plaintiff raised the arguments that his 2017 Complaint asserts claims for an entirely different set of PIP benefits than his 2015 Complaint and that his prior counsel, Ernest Friedman ("Attorney Friedman"), was not acting within the scope and authority of Mr. Payton at the time the stipulation for dismissal was entered; thus, sanctions are not warranted as to Mr. Payton because his prior attorney's actions cannot be imputed to him.

This Court ordered that the parties may file supplement briefs in order to further present the arguments raised that the July 19, 2017 hearing.

**FILED (I)**  
2017 AUG 17 A 12:18  
U.S. BANKRUPTCY COURT  
E.D. MICHIGAN-DETROIT

## II. Argument

### 1. Mr. Payton's 2017 Complaint Asserts Claims for an Entirely Different Set of PIP Benefits than his 2015 Complaint

The Order granting the City's original motion provided that that Mr. Payton must dismiss, or cause to be dismissed, the City of Detroit with prejudice from the case captioned as *Courtney D. Payton, Plaintiff v. City of Detroit, Defendant*, filed in the Wayne County Circuit Court and assigned Case No. 15-000962. The order further provided that Courtney D. Payton was permanently barred, estopped and enjoined from asserting the claims arising from or related to his State Court Actions against the City of Detroit. The order made no mention of any future benefits Mr. Payton would accrue as a result of the collision, it simply stated he was barred from making claims arising out of or related to his State Court Action filed in 2015. The Order did not dismiss any claims for future benefits. A copy of the Order granting the City's original motion is attached as **Exhibit 1**.

A suit premised on an insured's right to personal injury protection benefits is different than a run-of-the-mill civil damages case. Michigan's legislators recognized the distinction when drafting the No-Fault act, as they explicitly provided that "personal protection insurance benefits are payable as loss accrues." MCL 500.3142(1) provides that personal protection benefits are payable as the loss accrues, which may be at a different time than when the injury occurs. *MacDonald v. State Farm Ins Co*, 419 Mich 146; 350 NW2d 233 (1984). The order requiring Mr. Payton to dismiss his claim against the City of Detroit with prejudice was not clear as to whether it dismissed his future PIP benefits.

Unfortunately for Mr. Payton, when his prior PIP claim was dismissed (because of the failure of his prior counsel to notify Mr. Payton of his ability to respond and/or object to the City's Motion and his prior counsel stipulating to dismiss Mr. Payton's claims

without first speaking to Mr. Payton, which is further discussed below), his injuries arising out of the collision did not resolve. Because of the subject collision, Mr. Payton suffered from significant injuries to his left wrist, left hand, left shoulder and neck. He has required several surgeries as a result of his collision-related injuries, including carpal tunnel release surgeries and a left shoulder rotator cuff repair. His treating neurologist, Dr. Tessy Jenkins, has diagnosed Mr. Payton with 1) triggering of finger, 2) reflex sympathies dystrophy, 3) lesions of the radial and ulnar nerve and 4) left wrist drop. Further, Mr. Payton's treating pain medicine doctor, Dr. Alexander Ajlouni, has diagnosed Mr. Payton with 1) complex regional pain syndrome of the left upper extremity and 2) left shoulder pain. Dr. Ajlouni has prescribed physical therapy, pain medications and attendant care. Mr. Payton's medical records are attached as **Exhibit 2**.

Since his 2015 State action was dismissed, Mr. Payton continued to seek medical treatment for his collision-related injuries and has continued to require attendant care due to his injuries. These expenses were unknown to Mr. Payton at the time of the dismissal because they had not yet been accrued. Mr. Payton could not have dismissed the City from PIP benefits accrued after the date of dismissal as they were not payable at that time because they had not yet been accrued. Ruling otherwise would directly contradict the Michigan's legislation, which recognized when drafting the No-Fault Act, that "personal protection insurance benefits are payable as loss accrues."

**2. Mr. Payton's Prior Counsel was not Acting Within the Scope and Authority of Mr. Payton**

Mr. Payton, through his prior counsel, Attorney Friedman, filed a first-party PIP claim against the City of Detroit on January 23, 2015 for injuries he sustained in a June 8, 2004 motor-vehicle collision in which Mr. Payton was a passenger in a bus owed by the

City of Detroit.

On December 16, 2015, the City filed a Motion to Enforce Order, pursuant to Sections 105, 501 and 503 of the Bankruptcy Code and Bankruptcy Rules 2002 and 3003(c), Establishing Bar Dates for Filing Proofs of Claim and Approving Form and Manner of Notice Thereof against Mr. Payton. Pursuant to the notice of opportunity to object to the Motion, Attorney Friedman had 14 days to file a written response or answers to the City's Motion. A copy of the notice of opportunity to object is attached as **Exhibit 3**. Attorney Friedman did not timely file a response to the City's Motion to Enforce Order, pursuant to Sections 105, 501 and 503 of the Bankruptcy Code and Bankruptcy Rules 2002 and 3003(c), Establishing Bar Dates for Filing Proofs of Claim and Approving Form and Manner of Notice Thereof against Mr. Payton, and the Motion was granted. It was ordered that Mr. Payton must dismiss, or cause to be dismissed, the City of Detroit with prejudice. A copy of the Order granting the City's motion is attached as **Exhibit 1**. Thereafter, Attorney Friedman stipulated to dismiss Mr. Payton's claim against the City. A copy of the Stipulated Order granting the City's motion is attached as **Exhibit 4**.

Notably, the notice of opportunity to object to the City's December 16, 2015 Motion to Enforce Order, stated that Mr. Payton could file a written response or answer within 14 days. Attorney Friedman never contacted Mr. Payton upon his receiving the notice to object. Attorney Friedman never once contacted Mr. Payton to discuss responding to the December 16, 2015 Motion to Enforce Order and never discussed the repercussions of not filing a response. Instead, Attorney Friedman never responded or filed an objection and it was ordered that Mr. Payton must dismiss, or cause to be dismissed, the City of Detroit with prejudice. Attorney Friedman then stipulated to dismiss Mr. Payton's

claim against the City. Again, Attorney Friedman never discussed dismissing Mr. Payton's claim prior to agreeing to dismiss it.

Mr. Payton did not make the decision to not respond or object to the City's December 16, 2015 Motion to Enforce Order nor did he make the decision to stipulate to dismiss his claims. Certainly, had Mr. Payton been made aware of his opportunity to respond or object to the City's December 16, 2015 Motion to Enforce Order, he would have informed Attorney Friedman that he wished to file a response or he would have filed a response or objection on his own, as he was significantly injured and requires the City to pay his PIP benefits. Unfortunately, Attorney Friedman did not contact Mr. Payton in regards to objecting nor did Attorney Friedman contact Mr. Payton when he stipulated to dismiss Mr. Payton's claims. Simply put, Attorney Friedman was not acting within the scope and authority of Mr. Payton when Mr. Payton's prior claim was dismissed.

As previously stated in Mr. Payton's objection and response to the City's Motion, Mr. Payton should not have to pay the City's attorney fees and costs because the City has had to file a large number of motions to enforce. The City is using Mr. Payton as a scapegoat for it having to file other motions to enforce in cases in which Mr. Payton has nothing to do with. What other parties did in the past or what other parties do in the future should have no consequence on whether Mr. Payton should have to pay the City's attorney fees in this action. The City's stance that Mr. Payton should be required to pay deterrence sanctions for what other parties may do in the future is unsupported and unfounded.

**3. Mr. Payton and his Current Counsel Should not be Sanctioned**

The objective of sanctions "is to deter parties and attorneys from filing documents or asserting claims and defenses that have not been sufficiently investigated and researched

or that are intended to serve an improper purpose.” *FMB-First Mich Bank v Bailey*, 232 Mich App 711, 723; 591 NW2d 676 (1998). The frivolous claims provisions within the Court Rules impose an affirmative duty on attorneys to conduct reasonable inquiries into the factual and legal viability of a pleading prior to it being signed. The focus is placed upon the effort undertaken to investigate a claim prior to filing suit, and a determination of reasonable inquiry depends on the facts and circumstances of the case. *Attorney General v Harkins*, 257 Mich App 564, 575; 669 NW2d 296 (2003).

In the instant matter, the undersigned was contacted by Mr. Payton in regards to filing a lawsuit arising out of the subject bus collision. The undersigned took multiple steps, prior to filing suit to ensure the validity of Plaintiff’s claims. The undersigned spoke with Mr. Payton several times in person and over the telephone, ordered medical records and billings, requested Attorney Friedman’s file regarding Mr. Payton’s prior claim (which was never provided), obtained the incident report from the collision, and obtained affidavits from Mr. Payton’s attendant care provider regarding the services she has performed. After the undersigned took these steps, a lawsuit was filed on April 18, 2017.

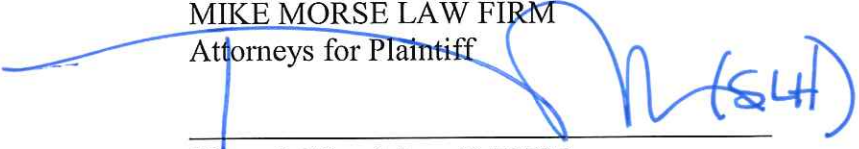
Shortly thereafter, Defense counsel provided the undersigned with a copy of the Order granting the City’s motion. The undersigned inquired as to why the benefits being claimed in the April 18, 2017 Complaint were barred as the Order clearly did not dismiss any future claims, only those claims arising from or related to his 2015 State Court Actions against the City of Detroit. Defense counsel responding only by reiterating paragraph three of the order, which again only stated that “it was for any and all claims arising from or related to his State Court Actions against the City of Detroit.”

Again, the language of the No-Fault Act provides that personal protection benefits are payable as the loss accrues, which may be at a different time than when the injury occurs. MCL 500.3142(1); *See also MacDonald v. State Farm Ins Co*, 419 Mich 146; 350 NW2d 233 (1984). Based upon the language of the No-Fault Act and the Michigan Supreme Court's interpretation of the No-Fault Act, the undersigned did not agree to dismiss the action voluntarily because of the order requiring Mr. Payton to dismiss his claim against the City of Detroit with prejudice was not clear and is ambiguous as to whether it dismissed his future PIP benefits. According to the Michigan Rules of Professional Conduct, a lawyer must zealously assert his or her client's position under the rules of the adversary system and has a duty to act in the client's best interest. Here, the undersigned did just that, he performed a thorough investigation into the validity of Mr. Payton's claim prior to filing the instant lawsuit. Moreover, the prior Order is not clear and is ambiguous. Thus, the undersigned could not agree to a voluntary dismissal as that would not best serve the interest of Mr. Payton. Thus, sanctions against the undersigned are also unwarranted as he was serving the best interest of Mr. Payton.

### III. Conclusion

WHEREFORE, Mr. Payton respectfully requests this Court Deny the City of Detroit's Motion.

Respectfully submitted,  
MIKE MORSE LAW FIRM  
Attorneys for Plaintiff

  
\_\_\_\_\_  
**Marc J. Mendelson P-52798**  
**Donald J. Cummings P-70969**  
24901 Northwestern Highway, Suite 700  
Southfield, MI 48075-1816  
(248) 350-9050

Dated: August 15, 2017

### **SUMMARY OF ATTACHMENTS**

The following documents are attached to this supplemental Motion Response, labeled in accordance with Local Rule 9014-1(b).

- Exhibit 1      Order Granting City of Detroit's Motion to Enforce Order, pursuant to Sections 105, 501 and 503 of the Bankruptcy Code and Bankruptcy Rules 2002 and 3003(c), Establishing Bar Dates for Filing Proofs of Claim and Approving Form and Manner of Notice Thereof against Bobby Watson, Godfrey Walters, Nadine Staley and Courtney D. Payton
- Exhibit 2      Courtney D. Payton's Medical Records
- Exhibit 3      Notice of Opportunity to object to City of Detroit's Motion to Enforce Order, pursuant to Sections 105, 501 and 503 of the Bankruptcy Code and Bankruptcy Rules 2002 and 3003(c), Establishing Bar Dates for Filing Proofs of Claim and Approving Form and Manner of Notice Thereof against Bobby Watson, Godfrey Walters, Nadine Staley and Courtney D. Payton
- Exhibit 4      Stipulated Order of Dismissal with Prejudice
- Exhibit 5      Certificate of Service



EXHIBIT 1 – ORDERING GRANTING

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

In re:

City of Detroit, Michigan,

Debtor.

Bankruptcy Case No. 13-53846

Judge Thomas J. Tucker

Chapter 9

**ORDER GRANTING CITY OF DETROIT'S MOTION TO ENFORCE ORDER,  
PURSUANT TO SECTIONS 105, 501, AND 503 OF THE BANKRUPTCY CODE AND  
BANKRUPTCY RULES 2002 AND 3003(c), ESTABLISHING BAR DATES FOR FILING  
PROOFS OF CLAIM AND APPROVING FORM AND MANNER OF NOTICE  
THEREOF AGAINST BOBBY WATSON, GODFREY WALTERS, NADINE STALEY  
AND COURTNEY D. PAYTON**

This case is before the Court on the Motion to Enforce Order, Pursuant to Sections 105, 501, and 503 of the Bankruptcy Code and Bankruptcy Rules 2002 and 3003(c), Establishing Bar Dates for Filing of Proofs of Claim and Approving Form and Manner of Notice Thereof against Bobby Watson, Godfrey Walters, Nadine Staley and Courtney D. Payton (Docket# 10710, the "Motion")<sup>1</sup>, upon proper notice, and no timely response having been filed to the Motion, and there being good cause to enter this Order.

**IT IS ORDERED THAT:**

1. The Motion is granted.
2. No later than February 3, 2016:
  - (a) Nadine Staley must dismiss, or cause to be dismissed, the City of Detroit with prejudice from the case captioned as *Nadine Staley, Plaintiff; v. City of Detroit, Defendant*, filed in the Wayne County Circuit Court and assigned Case No. 15-013025.
  - (b) Courtney D. Payton must dismiss, or cause to be dismissed, the City of Detroit with prejudice from the case captioned as *Courtney D. Payton, Plaintiff; v. City of Detroit, Defendant*, filed in the Wayne County Circuit Court and assigned Case No. 15-000962.

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<sup>1</sup> Capitalized terms used but not otherwise defined in this Order shall have the meanings given to them in the Motion.

- (c) Godfrey Walters must dismiss, or cause to be dismissed, the City of Detroit with prejudice from the case captioned as *Godfrey Walters, Plaintiff, vs. John Doe Driver, and City of Detroit, Defendants*, filed in the Wayne County Circuit Court and assigned Case No. 15-013571.
- (d) Bobby Watson must dismiss, or cause to be dismissed, the City of Detroit with prejudice from the case captioned as *Bobby Watson, Plaintiff, vs. City of Detroit, and John Doe*, filed in Wayne County Circuit Court and assigned Case No. 15-009009.

3. Bobby Watson, Godfrey Walters, Nadine Staley and Courtney D. Payton are pennanently barred, estopped and enjoined from asserting the claims arising from or related to their State Court Actions against the City of Detroit or property of the City of Detroit.

4. Bobby Watson, Godfrey Walters, Nadine Staley and Courtney D. Payton are prohibited from sharing in any distribution in this bankruptcy case.

5. The Court will retain jurisdiction over any and all matters ansing from the interpretation or implementation of this Order.

6. The City must immediately serve a copy of this Order upon Bobby Watson, Godfrey Walters, Nadine Staley and Coumley D. Payton, and then file proof of such service.

Signed on January 29, 2016

s/ Thomas J. Turker  
Thomas J. Turker  
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**EXHIBIT 2 – PLAINTIFF'S MEDICAL RECORDS**

PATIENT  
**Courtney Payton**  
 DOB 07/29/1962  
 AGE 54 yrs  
 SEX Male  
 PRN CP248465

FACILITY  
**Northwest Neurology Lahser Office**  
 T (248) 208-9215  
 F (248) 208-9217  
 27200 Lahser Road  
 Suite 100  
 Southfield, MI 48034

ENCOUNTER  
 NOTE TYPE SOAP Note  
 SEEN BY Tessa Jenkins MD  
 DATE 08/09/2016  
 AGE AT DOS 54 yrs  
 Electronically signed by Tessa Jenkins MD  
 at 08/10/2016 09:33 am

**Chief complaint**  
 Complex Regional Pain Syndrome

Vitals for this encounter	
	08/09/16 3:40 PM
Temperature	97.10 °F
Weight	239 lb
Pulse	79 bpm
Height	71 in
BMI	33.33
Blood pressure	166/106 mmHg

**Subjective**

Wrist injury in 2002 with persistent pain s/p surgery in 2004, 2005, 2012, 2013 and 2015. Imaging studies were suggestive of tendon transfer surgery. EMG showed absent sensory nerve potentials in the median, radial and ulnar nerves of the left hand, which represents interim deterioration from prior nerve conduction studies consistent with nerve injury. He continues to complain of pain and needs a wrist brace to reduce the pain. He has also developed involuntary contractions of the palm and thumb, index and middle fingers. It is associated with pain.

**Objective**

There is no interval change in neurological exam. He remains unable to make a fist with the left hand, with some swelling of the hand noted. There is a left wrist drop likely due to weakness in the radial innervated muscles of the left forearm and hand. The left wrist is braced to minimize pain and to provide support for the wrist joint.

**Assessment**

Trigger finger (stenosing tenosynovitis) is a long term arthritic complication of injury to the left wrist.  
 Left shoulder pain and spasms  
 Reflex sympathetic dystrophy of the left upper limb.  
 Radial nerve injury with wrist drop and residual mononeuropathy on nerve conduction studies, mostly sensory.

Diagnoses attached to this encounter:

- Triggering of finger [ICD-10: M65.30], [ICD-9: 727.03], [SNOMED: 1539003]
- Reflex sympathetic dystrophy of the upper limb [ICD-10: G90.512], [ICD-9: 337.21], [SNOMED: 2103002]
- Lesion of radial nerve [ICD-10: G56.32], [ICD-9: 354.3], [SNOMED: 193137006]
- Lesion of ulnar nerve [ICD-10: G56.22], [ICD-9: 354.2], [SNOMED: 367475009]
- Wrist drop, left wrist [ICD-10: M21.332], [ICD-9: 736.05], [SNOMED: 59349003]

**Plan**

Warm pack to be applied to left shoulder

6/29/2017

Encounter - Office Visit Date of service: 08/09/16 Patient: Courtney Payton DOB: 07/29/1962 PRN: CP248465

Discussed trigger finger and the likely long-term persistence. Options for management include local cortisone injections and orthotics for support of the joints.

Occupational therapy to be used on a need basis for management of arthritic pain.

Will continue nortriptyline due to reported benefits.



6/29/2017

Encounter - Office Visit Date of service: 02/08/17 Patient: Courtney Payton DOB: 07/29/1962 PRN: CP248465

## PATIENT

Courtney Payton

DOB 07/29/1962

AGE 54 yrs

SEX Male

PRN CP248465

## FACILITY

Northwest Neurology Lahser Office

T (248) 208-9215

F (248) 208-9217

27200 Lahser Road

Suite 100

Southfield, MI 48034

## ENCOUNTER

NOTE TYPE

SOAP Note

SEEN BY

Tessy Jenkins MD

DATE

02/08/2017

AGE AT DOS

54 yrs

Electronically signed by Tessy Jenkins MD  
at 02/08/2017 09:45 pm

## Chief complaint

Complex Regional Pain Syndrome

## Vitals for this encounter

	02/09/17 2:50 PM
	182/123 180/111
Temperature	95.20 °F
Pulse	60 bpm
Weight	236 lb
Height	71 in
BMI	32.91
Blood pressure	166/110 mmHg

## Subjective

Wrist injury in 2002 with persistent pain s/p surgery in 2004, 2005, 2012, 2013 and 2015. EMG showed absent sensory nerve potentials in the median, radial and ulnar nerves of the left hand, which represents interim deterioration from prior nerve conductions consistent with nerve injury. There is persistent pain.

## Objective

He remains unable to make a fist with the left hand, with interval resolution of swelling of the hand. He holds the hand in a prone position. The left wrist is not braced today and this represents interval improvement. There are sensory deficits in all dermatomes of the left hand.

## Assessment

Reflex sympathetic dystrophy of the left upper limb.  
Sensory neuropathy involving multiple nerves, s/p hand surgery.  
Interval improvement in wrist drop presumed due to radial nerve injury.

Diagnoses attached to this encounter:

- Reflex sympathetic dystrophy of the upper limb [ICD-10: G90.512], [ICD-9: 337.21], [SNOMED: 2103002]
- Injury of other nerves at hand level of left arm, subsequent encounter [ICD-10: S64.8x2D], [ICD-9: V58.89], [SNOMED: 129135003]

## Plan

Follow up Nerve conduction and EMG studies to assess the peripheral nerves for a mononeuropathy, polyneuropathy or radiculopathy.  
Amitriptyline for pain.  
Return to clinic after testing for re-evaluation and recommendations.









PROVIDENCE AND  
PROVIDENCE PARK HOSPITAL  
Southfield Campus

### HOSPITAL AND MEDICAL CENTERS

Member of St. John Providence  
22255 GREENFIELD • Suite 500 • SOUTHFIELD, MI 48075-3707  
(248) 849-3186 • FAX: (248) 849-3460

☒ A. Ajlouni, MD  
NPI# 1679500284  
☐ J. Traylor, MD  
NPI# 1760418784  
☐ J. Kimpson, MD  
NPI# 1174565956

☐ D. Lago,  
NPI# 101  
☐ J. Kiroua,  
NPI# 104

### PAIN MANAGEMENT CE

Name Courtney Payton Date 5/5/11

Address \_\_\_\_\_

R<sub>x</sub> (Please Label Contents) Medical Case Management

Refill 4 times

In \_\_\_\_\_ months

Signature \_\_\_\_\_

DEA# \_\_\_\_\_

34014-16750-004 REV 2/22/12



PROVIDENCE AND  
PROVIDENCE PARK HOSPITAL  
Southfield Campus

### HOSPITAL AND MEDICAL CENTERS

Member of St. John Providence  
22255 GREENFIELD • Suite 500 • SOUTHFIELD, MI 48075-3707  
(248) 849-3186 • FAX: (248) 849-3460

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NPI# 1679500284  
☐ J. Traylor, MD  
NPI# 1760418784  
☐ J. Kimpson, MD  
NPI# 1174565956

☐ D. Lago,  
NPI# 101  
☐ J. Kiroua,  
NPI# 104

### PAIN MANAGEMENT CE

Name Courtney Payton Date 5/5/11

Address \_\_\_\_\_

R<sub>x</sub> (Please Label Contents) Attendant Care  
12 hrs/day 7 days/ week  
for 1 month

Refill \_\_\_\_\_ times

In \_\_\_\_\_ months

Signature \_\_\_\_\_

DEA# \_\_\_\_\_

34014-16750-004 REV 2/22/12

**Patient:** Payton, Courtney  
**Account Number:** 27508  
**DOB:** 07/29/1962 **Age:** 53 Y **Sex:** Male  
**Phone:** 313-208-3948  
**Address:** 3966 Cadieux Rd, Detroit River Station, MI-48222-4010

**Provider:** Alexander Ajlouni, MD

**Date:** 04/15/2016

**Subjective:**

**Chief Complaints:**

**HPI:**

Pain Management:

The patient is complaining of pain located in the Upper back and/or arms. The pain began more than 5 years ago. The pain is described as sharp,dull,achy. The pain radiates shoulder,arms,hands,fingers. The severity of the pain is moderate,severe. The timing of the pain is constant. The pain is associated with numbness,weakness,tingling. The pain is improved by rest,heat,medication. The pain is aggravated by twisting,lifting,weather change. Imaging studies include CT scan,MRI. Non pharmacologic approaches include home exercise program,physical therapy. Treatments have included physical therapy,injections,medications,massage.

**ROS:**

General/Constitutional:

Headache No.

ENT:

Decreased hearing No.

Endocrine:

Diabetes No. Thyroid problems No.

Cardiovascular:

Dizziness No. Irregular heartbeat No. Chest pain No. High blood pressure Yes.

Gastrointestinal:

Constipation No. Diarrhea No. Nausea No.

Hematology:

Easy bruising No. Anemia No. Bleeding problems No.

Genitourinary:

Difficulty urinating No. Kidney problems No.

Musculoskeletal:

Painful joints Yes. Joint stiffness Yes. Arthritis Yes. Back problems No.

Neurologic:

Tingling/Numbness Yes. Loss of strength Yes.

**Medical History:** Complex regional pain syndrome of left upper extremity, Hypertension, acute myocardial infarction: No, AIDS/HIV: No, alcohol abuse: No, anemia: No, anxiety: No.

**Surgical History:** left hand & wrist surgeries x7 , Left rotator cuff repair .

**Social History:**

Social History: Household Marital Status: Single.

Drugs/Alcohol: Do you drink alcohol?: No.

**Medications:** Taking Amitriptyline HCl 10 MG Tablet 1 tablet QHS, Taking Oxycodone HCl 30 MG Tablet 1 tablet as needed BID-TID prn, Taking Flexeril 10 MG Tablet 1 tablet Three times a day, Taking Cymbalta 60 MG Capsule Delayed Release Particles 1 capsule Once a day, Taking NIFEdipine 10 MG Capsule 1 capsule QD

**Allergies:** Motrin: Allergy, cheese: Allergy.

**Objective:**

**Vitals:** Pain scale 4 1-10, BP 156/101 mm Hg, HR 69 /min, RR 18 /min.

**Examination:** 13-53846-tjt Doc 12645 Filed 08/17/17 Entered 08/17/17 12:57:26 Page 18 of 36

General Examination:

GENERAL APPEARANCE: in no acute distress, well developed, well nourished.

HEAD: normocephalic, atraumatic.

EYES: pupils equal, round, reactive to light and accommodation.

NECK/THYROID: mid-line trachea, without apparent thyromegaly.

SKIN: no suspicious lesions, warm and dry.

HEART: no murmurs, regular rate and rhythm, S1, S2 normal.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: normal, bowel sounds present, soft, nontender, nondistended.

MUSCULOSKELETAL: strength 5/5 bilateral upper and lower extremities, no trigger points noted, He is wearing a brace on his left wrist. There is decreased range of motion in the left shoulder. There is decreased strength globally in his left upper extremity..

EXTREMITIES: no clubbing, cyanosis, or edema..

NEUROLOGIC: alert and oriented, cranial nerves 2-12 grossly intact. deep tendon reflexes 2+ symmetrical, motor strength normal upper and lower extremities, gait normal, station normal.

PSYCH: alert, oriented, judgement and insight within normal limits..

Lumbar Spine/Lower back:

RANGE OF MOTION normal range of motion lumbar spine..

Lumbar:

STRAIGHT LEG RAISE: negative.

Cervical:

Spurlings test negative.

cervical range of motion normal .

**Assessment:**

**Assessment:**

1. Complex regional pain syndrome of left upper extremity - G90.512 (Primary)

2. Hypertension - I10

Patient reports 75% relief post left axillary block x3.

**Plan:**

**1. Complex regional pain syndrome of left upper extremity**

Refill Amitriptyline HCl Tablet, 10 MG, 1 tablet, Orally, QHS, 30 days, 30, Refills 0 ; Refill Oxycodone HCl Tablet, 30 MG, 1 tablet as needed, Orally, BID-TID prn, 30 days, 70, Refills 0 ; Refill Flexeril Tablet, 10 MG, 1 tablet, Orally, Three times a day, 30 days, 90 Tablet, Refills 0 .

Notes: Scripts given for continuation of physical therapy, and Attendant Care.

Follow Up: 4 Weeks

Provider: Alexander Ajlouni, MD

Patient: Payton, Courtney DOB: 07/29/1962 Date: 04/15/2016



Electronically signed by alexander ajlouni on 04/21/2016 at 01:13 PM EDT

Sign off status: Completed

**Patient:** Payton, Courtney  
**Account Number:** 27508  
**DOB:** 07/29/1962 **Age:** 53 Y **Sex:** Male  
**Phone:** 313-208-3948  
**Address:** 3966 Cadieux Rd, Detroit River Station, MI-48222-4010

**Provider:** Jeffrey Kirouac, MD

**Date:** 05/13/2016

**Subjective:**

**Chief Complaints:**

1. Left shoulder and wrist pain.

**HPI:**

Pain Management:

The patient is complaining of pain located in the left shoulder and wrist. Compared to the last visit the pain is same. The pain began more than 5 years ago. The pain is described as achy, sharp, stabbing. The pain radiates shoulder, arms. The severity of the pain is severe. The pain is associated with numbness, weakness, tingling. Treatments have included narcotics, physical therapy. The relief that the medication provides excellent. The onset of the relief provided by the medication is excellent.

**ROS:**

General/Constitutional:

Denies Change in appetite. Denies Chills. Denies Fatigue. Denies Fever. Denies Sleep disturbance. Denies Weight gain. Denies Weight loss.

Gastrointestinal:

Patient denies Patient denies incontinence. Denies Constipation. Denies Diarrhea. Denies Nausea. Denies Vomiting.

Genitourinary:

Patient denies Pregnancy, patient denies incontinence. Denies Blood in urine. Denies Difficulty urinating. Denies Frequent urination.

Musculoskeletal:

Comments See HPI.

Neurologic:

Denies Fainting. Denies Headache. Denies Memory loss. Denies Paralysis. Denies Seizures. Tingling/Numbness See HPI.

Psychiatric:

Denies Anxiety. Denies Eating disorder. Denies Substance abuse.

**Medical History:** Complex regional pain syndrome of left upper extremity, Hypertension, acute myocardial infarction: No, AIDS/HIV: No, alcohol abuse: No, anemia: No, anxiety: No.

**Surgical History:** left hand & wrist surgeries x7, Left rotator cuff repair.

**Hospitalization/Major Diagnostic Procedure:** Denies Past Hospitalization.

**Social History:**

Social History: Household Marital Status: Single.

Tobacco Use: Tobacco Use/Smoking Are you a current smoker, How often do you smoke cigarettes? every day, How many cigarettes a day do you smoke? 6-10.

Drugs/Alcohol: Drugs Have you used drugs other than those for medical reasons in the past 12 months? No. Alcohol Screen (Audit-C) Did you have a drink containing alcohol in the past year? No, Points 0. Caffeine Intake: 1-2 cups per day. Do you smoke marijuana?: Denies. Do you drink alcohol?: No.

**Medications:** Taking Cymbalta 60 MG Capsule Delayed Release Particles 1 capsule Once a day, Taking NIFEdipine 10 MG Capsule 1 capsule QD, Taking Amitriptyline HCl 10 MG Tablet 1 tablet QHS, Taking Oxycodone HCl 30 MG Tablet 1 tablet as needed BID-TID prn, Taking Flexeril 10 MG Tablet 1 tablet Three times a day, Medication List reviewed and reconciled with the patient

**Allergies:** Motrin: Allergy, cheese: Allergy.

**Vitals:** Pain scale 7 1-10, BP 153/101 mm Hg, HR 73 /min, RR 16 /min, Ht 71 in, Wt 240 lbs, BMI 33.47 Index, Temp 97.7, Ht-cm 180.34, Wt-kg 108.86.

**Examination:**

General Examination:

GENERAL APPEARANCE: pleasant, well nourished, well developed, in mild distress.

HEAD: normocephalic, atraumatic.

EYES: conjunctiva clear, sclera non-icteric.

NECK/THYROID: normal, trachea midline.

SKIN: no suspicious lesions, warm and dry.

HEART: regular rate and rhythm, S1, S2 normal, no murmur.

LUNGS: normal respiratory effort, no use of accessory muscles, clear to auscultation bilaterally.

ABDOMEN: normal, nontender, nondistended.

MUSCULOSKELETAL: Gait within normal limits, decreased strength on left upper extremity.

EXTREMITIES: no clubbing, cyanosis.

NEUROLOGIC: alert and oriented, allodynia noted on left wrist.

PSYCH: judgement and insight good, mood/affect full range, cooperative with exam.

**Assessment:**

**Assessment:**

1. Complex regional pain syndrome of left upper extremity - G90.512 (Primary)

2. Hypertension - I10

med refills

Needs script for attendant care and physical therapy (must state left shoulder and left wrist), transportation, medical case manager and office notes since Sept 2015 for case worker to turn into insurance.

**Plan:**

**1. Complex regional pain syndrome of left upper extremity**

Refill Amitriptyline HCl Tablet, 10 MG, 1 tablet, Orally, QHS, 30 days, 30, Refills 0 ; Refill Flexeril Tablet, 10 MG, 1 tablet, Orally, Three times a day, 30 days, 90 Tablet, Refills 0 ; Refill Oxycodone HCl Tablet, 30 MG, 1 tablet as needed, Orally, BID-TID prn, 30 days, 70, Refills 0 .

Notes: Pt is maintained on high dose of opioid medication, he reports no adverse effects. He was also provided with hand written scripts for attendant care, physical therapy, transportation. BW.

**Follow Up:** 4 Weeks (Reason: med refill/OV)

**Provider:** Jeffrey Kirouac, MD

**Patient:** Payton, Courtney **DOB:** 07/29/1962 **Date:** 05/13/2016

Electronically signed by Jeffrey Kirouac , MD on 05/13/2016 at 11:26 AM EDT

Sign off status: Completed

Patient: Payton, Courtney Dean  
DOB: 07/29/1962 Age: 53 Y Sex: Male

Provider: Jeffrey Kimpson, MD  
Date: 07/11/2016

**Reason for Appointment**

1. Left shoulder & neck radiates down right arm to right wrist

**History of Present Illness**

**Pain Management:**

The patient is complaining of pain located in the Neck, upper back/arms, lower back.

Compared to the last visit the pain is same.

The pain began 1-5 years ago.

The pain is described as achy, dull, sharp, spasms in fingers, cramping.

The pain radiates neck, shoulder, arms.

The severity of the pain is moderate, severe.

The timing of the pain is continuous, worse in pm.

The pain is associated with numbness, weakness, tingling, weakness, poor sleep, fatigue.

The pain is improved by medications, position change left wrist brace.

The pain is aggravated by everything.

Treatments have included narcotics, physical therapy, home exercise.

The relief that the medication provides moderate.

The onset of the relief provided by the medication is moderate, excellent.

Case manager in attendance. Maintained on current regimen. Requests referral to see Dr. Sytniak again for "depression."  
amk.

**Current Medications**

**Taking**

- NIFEdipine 10 MG Capsule 1 capsule QD
- Amitriptyline HCl 10 MG Tablet 1 tablet QHS
- Flexeril 10 MG Tablet 1 tablet Three times a day
- Oxycodone HCl 30 MG Tablet 1 tablet as needed BID-TID prn

**Discontinued**

- Cymbalta 60 MG Capsule Delayed Release Particles 1 capsule Once a day
- Medication List reviewed and reconciled with the patient

**Past Medical History**

Complex regional pain syndrome of left upper extremity

Hypertension

acute myocardial infarction: No

AIDS/HIV: No

alcohol abuse: No

anemia: No

anxiety: No

**Surgical History**

left hand & wrist surgeries x7

Left rotator cuff repair

**Family History**

Father: deceased

Mother: alive, diagnosed with Other malignant neoplasm of unspecified site

MOther ovarian and colon cancer.

**Social History**

**Tobacco Use:**

Tobacco Use/Smoking

Are you a *current smoker*

How many cigarettes a day do you smoke? 6-10

How often do you smoke cigarettes? *every day*

Advance directive:

Information given: Already has information.

Drugs/Alcohol:

Drugs

Have you used drugs other than those for medical reasons in the past 12 months? *No*

Alcohol Screen (Audit-C)

Did you have a drink containing alcohol in the past year? *No*

Points *0*

Caffeine

Intake: *1-2 cups per day*

Do you smoke marijuana?: *Denies.*

Do you drink alcohol?: *No.*

**Allergies**

Motrin: Allergy

cheese: Allergy

**Hospitalization/Major Diagnostic Procedure**

Denies Past Hospitalization

**Review of Systems**

General/Constitutional:

Denies Change in appetite. Denies Chills. Admits Fatigue. Denies Fever. Admits Sleep disturbance. Denies Weight gain. Denies Weight loss.

Gastrointestinal:

Patient denies Patient denies incontinence. Denies Constipation. Denies Diarrhea. Denies Nausea. Denies Vomiting.

Genitourinary:

Patient denies Pregnancy, patient denies incontinence. Denies Blood in urinc. Denies Difficulty urinating. Denies Frequent urination.

Musculoskeletal:

Comments See HPI. Admits Joint stiffness. Admits Leg cramps. Admits Muscle aches. Admits Weakness, left wrist brace.

Neurologic:

Denies Fainting. Denies Headache. Denies Memory loss. Denies Paralysis. Denies Seizures. Tingling/Numbness See HPI.

Psychiatric:

Denies Anxiety. Denies Eating disorder. Denies Substance abuse.

**Vital Signs**

Pain scale 8 1-10, BP 143/105 mm Hg, HR 79 /min, RR 16 /min, Ht 71 in, Temp 98.0, Ht-cm 180.34.

**Examination**

General Examination:

GENERAL APPEARANCE: pleasant, well nourished, well developed, in no acute distress.

HEAD: normocephalic, atraumatic.

EYES: conjunctiva clear, sclera non-icteric.

NECK/THYROID: normal, trachea midline.

SKIN: no rashes, no suspicious lesions, warm and dry.

HEART: regular rate and rhythm, S1, S2 normal, no murmur.

LUNGS: normal respiratory effort, no use of accessory muscles, clear to auscultation bilaterally.

ABDOMEN: normal, nontender, nondistended.

MUSCULOSKELETAL: Gait within normal limits, LUE is equal in color and temperature to right, left grip strength is decreased 3/5.

EXTREMITIES: no clubbing, cyanosis or edema.

NEUROLOGIC: alert and oriented, sensory exam reveals numbness to all digits of left hand.

PSYCH: judgement and insight good, mood/affect full range, cooperative with exam.

**Assessments**

1. Complex regional pain syndrome of left upper extremity - G90.512 (Primary)
2. Hypertension - I10

med refills.

**Treatment**

**1. Complex regional pain syndrome of left upper extremity**

Refill Oxycodone HCl Tablet, 30 MG, 1 tablet as needed, Orally, BID-TID prn, 30 days, 70, Refills 0

Refill Flexeril Tablet, 10 MG, 1 tablet, Orally, Three times a day, 30 days, 90 Tablet, Refills 0

Refill Amitriptyline HCl Tablet, 10 MG, 1 tablet, Orally, QHS, 30 days, 30, Refills 0

Notes: Maintained on current regimen. Continue Physical Therapy. Script given for attendant care.

Referred to Dr. Sytniak per patient request for "depression." amk.

**Follow Up**

4 Weeks (Reason: OV/med refill)

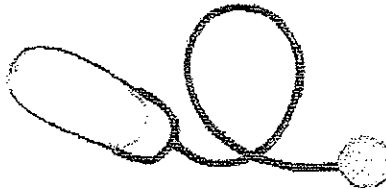


Electronically signed by Jeffrey Kimpson . MD on 07/14/2016 at 03:02 PM EDT

Sign off status: Completed

Patient: Payton, Courtney Dean  
DOB: 07/29/1962

Provider: Jeffrey Kimpson, MD  
Date: 07/11/2016



Patient: Payton, Courtney Dean  
DOB: 07/29/1962 Age: 53 Y Sex: Male

Provider: Jeffrey Kimpson, MD  
Date: 06/13/2016

**Reason for Appointment**

1. Left shoulder

**History of Present Illness**

**Pain Management:**

The patient is complaining of pain located in the upper back/arms.

Compared to the last visit the pain is same.

The pain began 1-5 years ago.

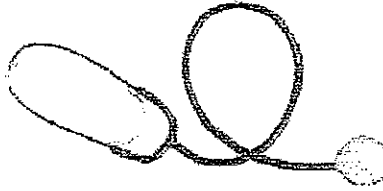
The pain is described as achy,dull,stabbing.

The pain radiates neck,shoulder,arms.

Patient: Payton, Courtney Dean  
DOB: 07/29/1962

Provider: Jeffrey Kimpson, MD  
Date: 06/13/2016





Patient: Payton, Courtney Dean  
DOB: 07/29/1962 Age: 54 Y Sex: Male

Provider: Jeffrey Kirouac, MD  
Date: 10/21/2016

#### Reason for Appointment

1. Left neck pain radiates down left shoulder & arm

#### History of Present Illness

##### Pain Management:

The patient is complaining of pain located in the Neck, upper back/arms. Compared to the last visit the pain is worse. The pain began 1-5 years ago. The pain is described as achy, dull, stabbing, a spasm, tingling. The pain radiates left neck, shoulder, arms. The severity of the pain is severe, 10/10 max. The timing of the pain is continuous. The pain is associated with numbness, weakness, tingling. The pain is improved by medications, rest, position change left wrist brace, ice, heat. The pain is aggravated by movement left upper extremity. Non pharmacologic approaches include home exercise. Treatments have included narcotics, physical therapy, home exercise. The relief that the medication provides moderate, excellent. The onset of the relief provided by the medication is moderate.

#### Current Medications

##### Taking

- Nifedipine 10 MG Capsule 1 capsule Orally QD
- Nortriptyline HCl 25 MG Capsule 1 capsule Orally Once a day
- Oxycodone HCl 30 MG Tablet 1 tablet as needed Orally BID-TID prn
- Flexeril 10 MG Tablet 1 tablet Orally Three times a day
- Amitriptyline HCl 10 MG Tablet 1 tablet Orally QHS
- Medication List reviewed and reconciled with the patient

#### Past Medical History

Complex regional pain syndrome of left upper extremity

Hypertension

acute myocardial infarction: No

AIDS/HIV: No

alcohol abuse: No

anemia: No

anxiety: No

#### Surgical History

left hand & wrist surgeries x7

Left rotator cuff repair

#### Family History

Father: deceased

Mother: alive, diagnosed with Other malignant neoplasm of unspecified site

Mother ovarian and colon cancer.

#### Social History

##### Tobacco Use:

Tobacco Use/Smoking Are you a current smoker, How many cigarettes a day do you smoke? 6-10, How often do you smoke cigarettes? every day.

##### Advance directive:

Information given: Already has information.

Patient: Payton, Courtney Dean

DOB: 07/29/1962

Provider: Jeffrey Kirouac, MD

Date: 10/21/2016

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Drugs/Alcohol:

Drugs Have you used drugs other than those for medical reasons in the past 12 months? No. Alcohol Screen (Audit-C) Did you have a drink containing alcohol in the past year? No, Points 0. Caffeine Intake: 1-2 cups per day. Do you smoke marijuana?: Denies. Do you drink alcohol?: No.

Allergies

Motrin: Allergy  
cheese: Allergy

Hospitalization/Major Diagnostic Procedure

Denies Past Hospitalization

Review of Systems

General/Constitutional:

Denies Change in appetite. Denies Chills. Admits Fatigue. Denies Fever. Admits Sleep disturbance. Denies Weight gain. Denies Weight loss.

Gastrointestinal:

Patient denies Patient denies incontinence. Denies Constipation. Denies Diarrhea. Denies Nausea. Denies Vomiting.

Genitourinary:

Patient denies Pregnancy, patient denies incontinence. Denies Blood in urine. Denies Difficulty urinating. Denies Frequent urination.

Musculoskeletal:

Comments See HPI.

Neurologic:

Denies Fainting. Denies Headache. Denies Memory loss. Denies Paralysis. Denies Seizures. Tingling/Numbness See HPI.

Psychiatric:

Denies Anxiety. Denies Eating disorder. Denies Substance abuse.

Vital Signs

Pain scale 8 1-10, BP 169/111 mm Hg, HR 71 /min, RR 22 /min, Ht 71 in, Temp 97.3, Ht-cm 180.34.

Examination

General Examination:

GENERAL APPEARANCE: pleasant, well nourished, well developed, in no acute distress.

HEAD: normocephalic, atraumatic.

EYES: conjunctiva clear, sclera non-icteric.

NECK/THYROID: normal, trachea midline.

SKIN: no rashes, no suspicious lesions, warm and dry.

HEART: regular rate and rhythm, S1, S2 normal, no murmur.

LUNGS: normal respiratory effort, no use of accessory muscles, clear to auscultation bilaterally.

ABDOMEN: normal, nontender, nondistended.

MUSCULOSKELETAL: Gait within normal limits, left grip strength is mildly decreased to 4/5.

EXTREMITIES: LEFT SHOULDER: ROM of left shoulder is 50% of normal, wearing left wrist splint, no clubbing, cyanosis or edema of upper extremities.

NEUROLOGIC: alert and oriented, sensory exam intact to BUE, bilateral upper extremities equal in color and temperature.

PSYCH: judgement and insight good, mood/affect full range, cooperative with exam.

Assessments

1. Complex regional pain syndrome of left upper extremity - G90.512 (Primary)
2. Left shoulder pain - M25.512
3. Hypertension - I10

med refills

needs RX for home attendant & physical therapy

reports he had to reschedule last OV d/t pink eye from young niece. reports he ran out of meds approx 2 weeks ago.

Treatment

1. Complex regional pain syndrome of left upper extremity

Refill Oxycodone HCl Tablet, 30 MG, 1 tablet as needed, Orally, BID-TID prn, 30 days, 70, Refills 0

Refill Flexeril Tablet, 10 MG, 1 tablet, Orally, Three times a day, 30 days, 90 Tablet, Refills 0

Refill Amitriptyline HCl Tablet, 10 MG, 1 tablet, Orally, QHS, 30 days, 30, Refills 0

patient. review of opiod contract. Pt verbalized understanding. amk, 99213 OFFICE VISIT, EST. Pt., LEVEL 3.

**Follow Up**

4 Weeks (Reason: OV/med refill/continue PT)



Electronically signed by alexander ajlouni on 03/12/2017 at 11:52 AM EDT

Sign off status: Completed

Patient: Payton, Courtney Dean  
DOB: 07/29/1962

Provider: Alexander Ajlouni, MD  
Date: 03/10/2017

Patient: Payton, Courtney Dean  
DOB: 07/29/1962 Age: 54 Y Sex: Male

Provider: Jeffrey Kirouac, MD  
Date: 02/10/2017

**Reason for Appointment**

1. Left arm pain

**History of Present Illness**

Pain Management:

The patient is complaining of pain located in the left arm pain. The last visit was 3-4 weeks ago. Compared to the last visit the pain is worse. The pain began 1-5 years ago. The pain is described as achy, sharp, stabbing. The pain radiates neck, shoulder, arms. The severity of the pain is moderate, 10/10 max, 2/10 average. The timing of the pain is continuous. The pain is associated with numbness, weakness, tingling in right arm. The pain is improved by heat, position change. The pain is aggravated by weather. Treatments have included narcotics, physical therapy, home exercise. The relief that the medication provides moderate. The onset of the relief provided by the medication is moderate.

**Current Medications**

**Taking**

- Nortriptyline HCl 25 MG Capsule 1 capsule Orally Once a day
- Amlodipine Besylate 10 MG Tablet 1 tablet Orally Once a day
- Lisinopril 20 MG Tablet one tablet Orally daily
- Amitriptyline HCl 10 MG Tablet 1 tablet Orally QHS

Patient: Payton, Courtney Dean  
DOB: 07/29/1962

Provider: Jeffrey Kirouac, MD  
Date: 02/10/2017

- Flexeril 10 MG Tablet 1 tablet Orally Three times a day
- Oxycodone HCl 30 MG Tablet 1 tablet as needed Orally BID-TID prn

#### **Not-Taking**

- NIFEdipine 10 MG Capsule 1 capsule Orally QD
- Medication List reviewed and reconciled with the patient

#### **Past Medical History**

Complex regional pain syndrome of left upper extremity

Hypertension

acute myocardial infarction: No

AIDS/HIV: No

alcohol abuse: No

anemia: No

anxiety: No

#### **Surgical History**

left hand & wrist surgeries x7

Left rotator cuff repair

#### **Family History**

Father: deceased

Mother: alive, diagnosed with Other malignant neoplasm of unspecified site

MOther ovarian and colon cancer.

#### **Social History**

##### Tobacco Use:

Tobacco Use/Smoking Are you a current smoker, How many cigarettes a day do you smoke? 6-10, How often do you smoke cigarettes? every day.

##### Advance directive:

Information given: Already has information.

##### Drugs/Alcohol:

Drugs Have you used drugs other than those for medical reasons in the past 12 months? No. Alcohol Screen (Audit-C) Did you have a drink containing alcohol in the past year? No, Points 0. Caffeine Intake: 1-2 cups per day. Do you smoke marijuana?: Denies. Do you drink alcohol?: No.

#### **Allergies**

Motrin: Allergy

cheese: Allergy

#### **Hospitalization/Major Diagnostic Procedure**

Denies Past Hospitalization

#### **Review of Systems**

##### General/Constitutional:

Denies Change in appetite. Denies Chills. Denies Fatigue. Denies Fever. Denies Sleep disturbance. Denies Weight gain. Denies Weight loss.

##### Gastrointestinal:

Patient denies Patient denies incontinence. Denies Constipation. Denies Diarrhea. Denies Nausea. Denies Vomiting.

##### Genitourinary:

Patient denies Pregnancy, patient denies incontinence. Denies Blood in urine. Denies Difficulty urinating. Denies Frequent urination.

##### Musculoskeletal:

Comments See HPI.

##### Neurologic:

Denies Fainting. Denies Headache. Denies Memory loss. Denies Paralysis. Denies Seizures. Tingling/Numbness See HPI.

##### Psychiatric:

Denies Anxiety. Denies Eating disorder. Denies Substance abuse.

#### **Vital Signs**

Pain scale 8 1-10, BP 164/106 mm Hg, HR 106 /min, RR 16, Ht 71 in, Temp 98.2, Ht-cm 180.34.

## Examination

### General Examination:

GENERAL APPEARANCE: pleasant, well nourished, well developed, in moderate distress.

HEAD: normocephalic, atraumatic.

EYES: conjunctiva clear, sclera non-icteric.

NECK/THYROID: normal, trachea midline.

SKIN: no rashes, no suspicious lesions, warm and dry.

HEART: regular rate and rhythm, S1, S2 normal, no murmur.

LUNGS: normal respiratory effort, no use of accessory muscles, clear to auscultation bilaterally.

ABDOMEN: normal, nontender, nondistended.

MUSCULOSKELETAL: Gait within normal limits, left grip strength is mildly decreased to 4/5.

NEUROLOGIC: alert and oriented, sensory exam intact to BUE, bilateral upper extremities equal in color and temperature.

PSYCH: judgement and insight good, mood/affect full range, cooperative with exam.

## Assessments

1. Complex regional pain syndrome of left upper extremity - G90.512 (Primary)

2. Left shoulder pain - M25.512

medication refill, no adverse reaction

Patient was at PCP yesterday, BP was high there also, will f/u with PCP in one month and patient may be put on additional BP meds.

## Treatment

1. Complex regional pain syndrome of left upper extremity

Refill Amitriptyline HCl Tablet, 10 MG, 1 tablet, Orally, QHS, 30 days, 30, Refills 0

Refill Flexeril Tablet, 10 MG, 1 tablet, Orally, Three times a day, 30 days, 90 Tablet, Refills 0

Refill Oxycodone HCl Tablet, 30 MG, 1 tablet as needed, Orally, BID-TID prn, 30 days, 70, Refills 0

## Follow Up

4 Weeks (Reason: med refill/OV/to Novi?)

Electronically signed by Jeffrey Kirouac, MD on 02/14/2017 at 02:43 PM EST

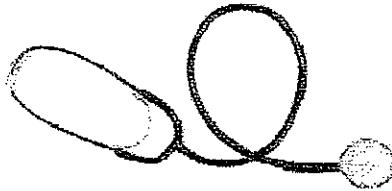
Sign off status: Completed

## Addendum:

03/18/2017 03:19 PM smith, amber > 99214 EST PT VISIT CODE

Patient: Payton, Courtney Dean  
DOB: 07/29/1962

Provider: Jeffrey Kirouac, MD  
Date: 02/10/2017



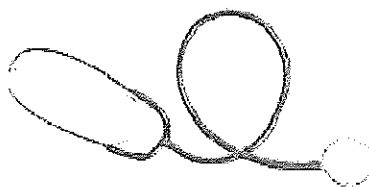
Patient: Payton, Courtney Dean

Provider: Jeffrey Kirouac, MD

Patient: Payton, Courtney Dean

Provider: Jeffrey Kirouac, MD  
Date: 01/13/2017

DOB: 01/13/1962-tjt Doc 12645 Filed 08/17/17 Entered 08/17/17 12:57:26 Page 29 of 36



Patient: Payton, Courtney Dean  
 DOB: 07/29/1962 Age: 54 Y Sex: Male

Provider: Alexander Ajlouni, MD  
 Date: 04/07/2017

#### Reason for Appointment

1. Left neck pain
2. Left shoulder pain
3. Left upper extremity pain

#### History of Present Illness

##### Pain Management:

The patient is complaining of pain located in the left neck, left arm, left shoulder. The last visit was 3-4 weeks ago. Compared to the last visit the pain is worse. The pain is described as spasms, numbness/tingling to the left fingers, throbbing, achy, burning. The pain radiates down the left arm. The severity of the pain is 10/10 max 6/10 average. The timing of the pain is continuous. The pain is associated with poor sleep, fatigue, muscle aches and spasms, joint stiffness and pain, swelling, numbness/tingling. The pain is improved by medication, heat, elevation. The pain is aggravated by weather changes, sleeping on the left side, prolonged standing. Imaging studies include denies recent imaging. Current Non pharmacologic approaches include physical therapy home exercise.

#### Current Medications

##### Taking

- Nortriptyline HCl 25 MG Capsule 1 capsule Orally Once a day
- Amlodipine Besylate 10 MG Tablet 1 tablet Orally Once a day
- Lisinopril 20 MG Tablet one tablet Orally daily
- Amitriptyline HCl 10 MG Tablet 1 tablet Orally QHS
- Flexeril 10 MG Tablet 1 tablet Orally Three times a day
- Oxycodone HCl 30 MG Tablet 1 tablet as needed Orally BID-TID prn

##### Not-Taking

- NIFedipine 10 MG Capsule 1 capsule Orally QD
- Medication List reviewed and reconciled with the patient

#### Past Medical History

Complex regional pain syndrome of left upper extremity

Hypertension

acute myocardial infarction: No

AIDS/HIV: No

alcohol abuse: No

anemia: No

anxiety: No

#### Surgical History

left hand & wrist surgeries x7

Patient: Payton, Courtney Dean  
 DOB: 07/29/1962

Provider: Alexander Ajlouni, MD  
 Date: 04/07/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

<https://mimipmapp.ecwcloud.com/mobiledoc/jsp/catalog/xml/printMultipleChartOptions.jsp...> 5/5/2017

Left rotator cuff repair

#### Family History

Father: deceased

Mother: alive, diagnosed with Other malignant neoplasm of unspecified site  
MOTHER ovarian and colon cancer.

#### Social History

##### Tobacco Use:

Tobacco Use/Smoking Are you a current smoker, How many cigarettes a day do you smoke? 6-10, How often do you smoke cigarettes? every day.

##### Advance directive:

Information given: Already has information.

##### Drugs/Alcohol:

Drugs Have you used drugs other than those for medical reasons in the past 12 months? No. Alcohol Screen (Audit-C) Did you have a drink containing alcohol in the past year? No, Points 0. Caffeine Intake: 1-2 cups per day. Do you smoke marijuana?: Denies. Do you drink alcohol?: No.

#### Allergies

Motrin: Allergy

cheese: Allergy

#### Hospitalization/Major Diagnostic Procedure

No Hospitalization History.

#### Review of Systems

##### General/Constitutional:

Denies Change in appetite. Denies Chills. Admits Fatigue. Denies Fever. Admits Sleep disturbance. Denies Weight gain. Denies Weight loss.

##### Gastrointestinal:

Patient denies Patient denies incontinence. Denies Constipation. Denies Diarrhea. Denies Nausea. Denies Vomiting.

##### Genitourinary:

Patient denies Pregnancy, patient denies incontinence. Denies Blood in urine. Denies Difficulty urinating. Denies Frequent urination.

##### Musculoskeletal:

Comments See HPI.

##### Neurologic:

Denies Fainting. Denies Headache. Denies Memory loss. Denies Paralysis. Denies Seizures. Tingling/Numbness See HPI.

##### Psychiatric:

Denies Anxiety. Denies Eating disorder. Denies Substance abuse.

#### Vital Signs

Pain scale 8-10, BP 153/97 mm Hg, HR 60 /min, RR 16, Ht 71 in, Temp 98.2, Ht-cm 180.34.

#### Examination

##### General Examination:

GENERAL APPEARANCE: pleasant, well nourished, well developed, in mild distress.

HEAD: normocephalic, atraumatic.

EYES: conjunctiva clear, sclera non-icteric.

NECK/THYROID: normal, trachea midline.

SKIN: no rashes, no suspicious lesions, warm and dry.

HEART: regular rate and rhythm, S1, S2 normal, no murmur.

LUNGS: normal respiratory effort, no use of accessory muscles, clear to auscultation bilaterally.

Patient: Payton, Courtney Dean

DOB: 07/29/1962

Provider: Alexander Ajlouni, MD

Date: 04/07/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

<https://mimipmapp.ecwcloud.com/mobiledoc/jsp/catalog/xml/printMultipleChartOptions.jsp...> 5/5/2017

ABDOMEN: normal, nontender, nondistended.

MUSCULOSKELETAL: Gait within normal limits, left grip strength is mildly decreased to 4/5, wearing left wrist brace.

NEUROLOGIC: alert and oriented, sensory exam intact to BUE, bilateral upper extremities equal in color and temperature.

PSYCH: judgement and insight good, mood/affect full range, cooperative with exam.

#### Assessments

1. Complex regional pain syndrome of left upper extremity - G90.512 (Primary)
2. Left shoulder pain - M25.512
3. Hypertension - I10

med refill, denies issues, reactions  
requesting RX for physical therapy and attendant care.

#### Treatment

##### 1. Complex regional pain syndrome of left upper extremity

Refill Amitriptyline HCl Tablet, 10 MG, 1 tablet, Orally, QHS, 30 days, 30, Refills 0

Refill Flexeril Tablet, 10 MG, 1 tablet, Orally, Three times a day, 30 days, 90 Tablet, Refills 0

Refill Oxycodone HCl Tablet, 30 MG, 1 tablet as needed, Orally, BID-TID prn, 30 days, 70, Refills 0

Notes: Well maintained on current regimen without adverse. Case manager at bedside. Scripts given for attendant care, case management and continuation of physical therapy. Renew medications and OV in one month. Discussed ADL's, precautions, and modified home exercise regimen. Counseling and review of appropriate opiod medication use and precautions. Constipation protocol reviewed with patient. amk, 99213  
OFFICE VISIT, EST. Pt., LEVEL 3.

#### Follow Up

4 Weeks (Reason: OV/med refill)



Electronically signed by alexander ajlouni on 04/13/2017 at 03:41 PM EDT

Sign off status: Completed

Patient: Payton, Courtney Dean  
DOB: 07/29/1962

Provider: Alexander Ajlouni, MD  
Date: 04/07/2017

Note generated by eClinicalWorks EMR/PM Software (www.eClinicalWorks.com)

<https://mimipmapp.ecwcloud.com/mobile/doc/jsp/catalog/xml/printMultipleChartOptions.jsp...> 5/5/2017



EXHIBIT 3 – NOTICE OF OPPORTUNITY

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION

In re:  
City of Detroit, Michigan,  
Debtor.

Bankruptcy Case No. 13-53846  
Honorable Thomas J. Tucker  
Chapter 9

**NOTICE OF OPPORTUNITY TO OBJECT TO CITY OF DETROIT'S MOTION TO  
ENFORCE ORDER, PURSUANT TO SECTIONS 105, 501, AND 503 OF THE  
BANKRUPTCY CODE AND BANKRUPTCY RULES 2002 AND 3003(c),  
ESTABLISHING BAR DATES FOR FILING PROOFS OF CLAIM AND APPROVING  
FORM AND MANNER OF NOTICE THEREOF AGAINST BOBBY WATSON,  
GODFREY WALTERS, NADINE STALEY AND COURTNEY D. PAYTON**

The City of Detroit has filed papers with the Court requesting the Court to enforce the Order, Pursuant To Sections 105, 501, And 503 of the Bankruptcy Code and Bankruptcy Rules 2002 and 3003(c), Establishing Bar Dates For Filing Proofs Of Claim and Approving Form and Manner Of Notice Thereof Against Bobby Watson, Godfrey Walters, Nadine Staley and Courtney D. Payton.

**Your rights may be affected. You should read these papers carefully and discuss them with your attorney.**

If you do not want the Court to enter an Order granting the *City Of Detroit's Motion To Enforce Order, Pursuant To Sections 105, 501, and 503 Of The Bankruptcy Code and Bankruptcy Rules 2002 And 3003(C), Establishing Bar Dates For Filing Proofs Of Claim and Approving Form and Manner Of Notice Thereof Against Bobby Watson, Godfrey Walters, Nadine Staley and Courtney D. Payton*, within 14 days, you or your attorney must:

1. File with the court a written response or an answer, explaining your position at:<sup>1</sup>

United States Bankruptcy Court  
211 W. Fort St., Suite 1900  
Detroit, Michigan 48226

If you mail your response to the court for filing, you must mail it early enough so that the court will receive it on or before the date stated above. You must also mail a copy to:

Miller, Canfield, Paddock & Stone, PLC  
Attn: Marc N. Swanson  
150 West Jefferson, Suite 2500  
Detroit, Michigan 48226

2. If a response or answer is timely filed and served, the clerk will schedule a hearing on the motion and you will be served with a notice of the date, time, and location of that hearing.

**If you or your attorney do not take these steps, the court may decide that you do not oppose the relief sought in the motion or objection and may enter an order granting that relief.**

MILLER, CANFIELD, PADDOCK AND STONE, P.L.C.

By: /s/ Marc N. Swanson

Marc N. Swanson (P71149)  
150 West Jefferson, Suite 2500  
Detroit, Michigan 48226  
Telephone: (313) 496-7591  
Facsimile: (313) 496-8451  
swansonm@millercanfield.com

Dated: December 16, 2015

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<sup>1</sup> Response or answer must comply with F. R. Civ. P. 8(b), (c) and (e).

EXHIBIT 4 – STIPULATED ORDER

STATE OF MICHIGAN  
IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

COURTNEY D. PAYTON, Plaintiff,

-vs-

CITY OF DETROIT, Defendant.

Case No. 15-000962-NF HON.  
ANNETTE J BERRY

ERNEST F. FRIEDMAN (P26642)  
LAW OFFICE OF ERNEST FRIEDMAN  
Attorneys for Plaintiff  
24567 Northwestern Hwy., Suite 500  
Southfield, MI 48075  
(248) 350-9440

15-000962-NF

FILED IN MY OFFICE  
WAYNE COUNTY CLERK  
2/8/2016 11:58:58 AM CATHY  
M. GARRETT

GRANT J. HA. P53403  
CITY OF DETROIT LAW DEPARTMENT  
Attorney for Defendant City of Detroit  
2 Woodward Avenue, Suite 500  
Detroit, MI 48226  
(313) 237-5039

/s/ Cheryl Bascomb

**STIPULATED ORDER OF DISMISSAL WITH PREJUDICE**

At a session of said Court, held in the City County  
Building, City of Detroit, County of Wayne, State  
Of Michigan on: 2/8/2016

Annette J Berry

PRESENT:

HON. ANNETTE J. BERRY  
CIRCUIT COURT JUDGE

Upon the reading of this above Stipulated Order of Dismissal with Prejudice, and the court being fully  
advised in the premises:

**IT IS HEREBY ORDERED** that the above-entitled cause be dismissed with prejudice.

This order resolves the last pending claim and closes the case.

/s/ Annette J. Berry

HON. ANNETTE J. BERRY CIRCUIT  
COURT JUDGE

The parties hereby agree as to form and substance.

/s/Ernest F. Friedman  
ERNEST F. FRIEDMAN (P26642)  
Attorneys for Plaintiff

/s/Grant Ha  
GRANT HA (P53403)  
Attorney for Defendant

**EXHIBIT 5 – CERTIFICATE OF SERVICE**

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF MICHIGAN  
SOUTHERN DIVISION**

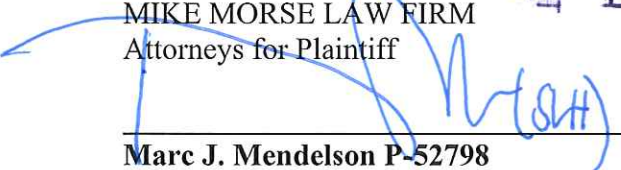
In re:	Bankruptcy Case No. 13-53846
City of Detroit, Michigan,	Judge Thomas J. Tucker
Debtor.	Chapter 9

**CERTIFICATE OF SERVICE**

The undersigned hereby certifies that on August 15, 2017, he serviced a copy of the foregoing **COURTNEY D. PAYTON'S RESPONSE TO CITY OF DETROIT'S SUPPLEMENTAL BRIEF IN RESPONSE TO THE ARGUMENTS RAISED BY COURTNEY D. PAYTON AT THE JULY 19, 2017 HEARING** upon counsel for the City of Detroit in the manner described below, via first class mail and email:

Marc N. Swanson, P-71149  
Miller, Canfield, Paddock and Stone, PLC  
150 West Jefferson, Suite 2500  
Detroit, MI 48226  
Email: [swansonm@millercanfield.com](mailto:swansonm@millercanfield.com)

Respectfully submitted,  
MIKE MORSE LAW FIRM  
Attorneys for Plaintiff

  
\_\_\_\_\_  
Marc J. Mendelson P-52798  
Donald J. Cummings P-70969  
24901 Northwestern Highway, Suite 700  
Southfield, MI 48075-1816  
(248) 350-9050

Dated: August 15, 2017

**FILED**  
2017 AUG 17 P 12:44  
U.S. BANKRUPTCY COURT  
E.D. MICHIGAN-DETROIT